MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	1						51		2				
2		1					52		2				
3		1					53		2				
4		1					54		2				
5		1					55		2				
6		1					56		2				
7		2					57		2				
8		2					58		2				
9		2					59		2				
10		2					60		2				
11		2					61		2				
12		2					62		2				
13		2					63		2				
14		2					64		2				
15		2					65		2				
16		2					66		2				
17		2					67		2				
18		2					68		2				
19		2					69		2				
20		2					70		2				
21		2					71		2				
22		2					72		2				
23		2					73		2				
24		2					74		2				
25		2					75		2				
26		2					76		2				
27		2					77		2				
28		2					78		2				
29		2					79		2				
30		2					80		2				
31		2					81		2				
32		2					82		2				
33		2					83		2				
34		2					84		2				
35		2					85		2				
36		2					86		2				
37		2					87		1				
38		2					88		1				
39		2					89		1				
40		2					90		1				
41		2			.		91		1				
42		2					92		2				
43		2					93		2				
44		2					94		2				
45		2					95		2				
46		2					96		2				
47		2					97		2				
48		2					98		2				
49		2					99		2				
50		2					100		2				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

94

189

90
5

244

12 1 183
82   244
89   427

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1							51							
2		1					52							
3		1					53							
4							54							
5		1					55							
6		1					56							
7							57							
8		1					58							
9		1					59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14		2					64							
15		2					65							
16		1					66							
17		1					67							
18		1					68							
19		2					69							
20		2					70							
21		2					71							
22	1						72							
23		1					73							
24		1					74							
25		1					75							
26		1					76							
27		1					77							
28		1					78							
29		1					79							
30		1					80							
31		2					81							
32		1					82							
33		1					83							
34		1					84							
35		1					85							
36		1					86							
37		1					87							
38		1					88							
39		2					89							
40		2					90							
41		2					91							
42		2					92							
43		2					93							
44		2					94							
45		1					95							
46		1					96							
47		1					97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS	58						TOTAL CLAIMS							

35
244/5
9

S

429 (claim)   2

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1		2					51		2				
2		2					52		2				
3		2					53		2				
4		2					54		2				
5		2					55		2				
6		2					56		2				
7		2					57		2				
8		2					58		2				
9		2					59		2				
10		2					60		2				
11		2					61		2				
12		2					62		2				
13		2					63		2				
14		2					64		2				
15		2					65		2				
16		2					66		2				
17		2					67		2				
18		2					68		2				
19		2					69		2				
20		2					70		2				
21		2					71		2				
22		2					72		1				
23		2					73		1				
24		2					74		1				
25		2					75		2				
26		2					76		2				
27		2					77		2				
28		2					78	1					
29		2					79		1				
30		2					80		1				
31		2					81		1				
32		2					82		1				
33		2					83		1				
34		2					84		1				
35		2					85		1				
36		2					86		1				
37		2					87		1				
38		2					88		1				
39		2					89		1				
40		2					90		1				
41		2					91		1				
42		2					92		3				
43		2					93		3				
44		2					94		1				
45		2					95		1				
46		2					96		1				
47		2					97		2				
48		2					98		2				
49		2					99		2				
50		2					100	1					
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS		429					TOTAL CLAIMS						

100

179

54
2i
6/51